

COMMUNITY FINANCE
TAX CREDIT APPLICATION
**COMPANION
GUIDE**



Missouri Department of
Economic Development



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Purpose

This companion guide is designed to provide Neighborhood Assistance Program (NAP), Youth Opportunities Program (YOP), Family Development Account (FDA), and Small Business Incubator (SBI) project directors and donors with the information needed to understand the tax credit application process and documentation requirements. Here you will find the application form, step-by-step instructions for its completion, and examples of acceptable documentation that is required for a donor to claim their tax credit.

Process

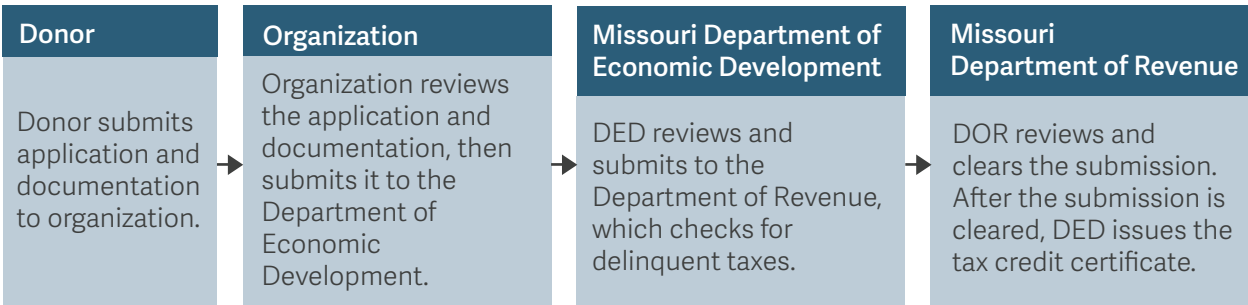
Submitted tax credit applications are processed on a first come, first served basis. It is important to note that incomplete applications without acceptable documentation will **not** be processed. Our team will return the submission to the project director and provide a detailed request for the correct information. Following the instructions presented in this guide will save processing time and allow donors to receive a tax credit certificate in the most timely manner possible.

Please note, our team is always available to provide the assistance you need at Community@ded.mo.gov.

Tax Credit Process

With tax credit applications, the roles of each party are readily defined.

Tax Credit Process



Donor

A donor with a Missouri tax liability makes an eligible donation to a participating nonprofit. The donor chooses to support a participating organization with a Family Development Account (FDA), Neighborhood Assistance Program (NAP), Youth Opportunities Program (YOP), or Small Business Incubator (SBI) project through contributions.

Donor(s) wanting to apply for the tax credit must fill out the tax credit application, provide the necessary documentation, and obtain notarization. The donor then submits all necessary paperwork to the participating organization. After the application is reviewed and approved by the organization, the Missouri Department of Economic Development (DED), and the Department of Revenue, the tax credit certificate is provided to the donor to use with their Missouri taxes.

Participating Organization

Participating organizations fundraise for their FDA, NAP, YOP, and SBI projects through the solicitation of donations. They review and submit the [tax credit application](#) for their donors to DED.

DED

The Community Finance team at DED reviews each tax credit application for accuracy and completion, then processes it in partnership with the Missouri Department of Revenue (DOR). Depending on the accuracy and completion of the application, DED will either deny the application or award a tax credit certificate.

DOR

DOR processes the tax credit certificate for each tax credit application processed by DED and offsets the amount for any unpaid taxes, if applicable.

APPLICATION FOR CLAIMING TAX CREDITS

Missouri Form CDTC-770

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) **no later than 1-year after the donation date.**

1. QUALIFYING PROGRAM			
<input type="checkbox"/> Youth Opportunities (YOP)	<input type="checkbox"/> Neighborhood Assistance (NAP)	<input type="checkbox"/> Small Business Incubator Tax Credit (SBI)	<input type="checkbox"/> Family Development Account (FDA)
2. TAXPAYER (DONOR) MAILING ADDRESS			
Street Address		City	State Zip Code
3. TAXPAYER (DONOR) INFORMATION			
Individual Donors (complete the fields below)		Business Donors (complete the fields below)	
Taxpayer Name	Taxpayer Social Security #	Business Name (as listed with SOS)	Business Federal ID (FEIN)
Spouse Name (joint tax return filers only)	Spouse Social Security #	Business Contact Name	
Taxpayer Email	Taxpayer Phone	Business Contact Email	Business Contact Phone
Taxpayer status at the time the donation was made (select only 1) <input type="checkbox"/> Individual – YOP, SBI, and FDA programs only <input type="checkbox"/> Individual - with a farm operation <input type="checkbox"/> Individual - reporting income from MO rental properties or royalties <input type="checkbox"/> Individual - reporting income from a sole proprietorship <input type="checkbox"/> Individual - reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)		Business status at the time the donation was made (select only 1) <input type="checkbox"/> Corporation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Partnership - attach partner names, social security #'s, and percents of ownership. <input type="checkbox"/> S-Corporation - attach shareholder names, social security #'s, and pe percents of ownership. <input type="checkbox"/> Limited Liability Corp. - attach members names, social security #'s, and percents of ownership. <input type="checkbox"/> Insurance company	
Taxes paid by: <input type="checkbox"/> Calendar Year (CY)		Taxes paid by: <input type="checkbox"/> Calendar Year (CY) <input type="checkbox"/> Fiscal Year (FY) From _____ To _____	
4. TYPE OF CONTRIBUTION AND VALUE			
Were any goods and/or services received? Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Contribution includes payment processing fee(s) <input type="checkbox"/>	
Type of Contribution	Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)	
Cash			
Stocks (valued between high/low on the date of transfer from the donor into the nonprofit's brokerage account)			
In-Kind (valued as the lesser of the cost to donor <u>OR</u> fair market value)			
Wages Paid to participating youth (YOP program only)			
Total Eligible Contribution Value (Amt Eligible for YOP/NAP/SBI/FDA Program)			
5. CONTRIBUTION DOCUMENTATION			
<input type="checkbox"/> I have attached the required documentation per the type of contribution listed in the Companion Guide .			
6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)			
I have examined the above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal laws (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax abatement, or loan for a period of five (5) years following such finding.			
Taxpayer Signature			
Notary public rubber stamp seal	State	County (or City of St. Louis)	
	Subscribed and sworn before me, this		
	Day	Month	Year
	Notary public name	Notary public signature	My commission expires (MM/DD/YYYY)
7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR			
Approved Organization Name			Project Number
I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.			
Authorized Signer Name (printed/typed)		Authorized Signer Signature	Date (MM/DD/YYYY)

GENERAL NOTES:

- Please allow 3-6 weeks for processing of this application.
- The tax credit cannot be claimed on a Missouri tax return until the donor has received the official tax credit certificate from the Missouri Department of Economic Development (DED).
- Reach out to DED at community@ded.mo.gov or 573-522-4216 with any questions about completing this form.

1. QUALIFYING PROGRAM

- Select the applicable program type.
- **Note:** Please make only 1 selection.

2. TAXPAYER (DONOR) MAILING ADDRESS

- Enter the mailing address for the taxpayer.

3. TAXPAYER (DONOR) INFORMATION

- Please complete the required fields for either individuals (and individuals with business income) OR business donors.
- Indicate whether taxes are paid by Calendar Year (CY) or Fiscal Year (FY).
 - 1) If taxes are paid by Fiscal Year, enter the start and end dates of the Fiscal Year.
- **Note:** Donations claimed by a business entity (except for sole proprietorships) must be made from a business account.
- **Attachments:** Partnerships, S-Corps, & LLCs are required to attach:
 - 1) A complete list of partners, shareholders, or members,
 - 2) The social security numbers of all partners, shareholders, or members AND,
 - 3) Percents of ownership by each partner, shareholder, or member. **Note:** Percent of profit distribution is not always the same as percent of ownership. If any partners, shareholders, or members are trusts, include both 1) the Federal ID number for the trust AND 2) the social security number of the beneficiary.

4. TYPE OF CONTRIBUTION AND VALUE

- Indicate whether any goods and/or services were received using the checkboxes.
- Indicate the type, total eligible contribution value, and date of the contribution.

5. CONTRIBUTION DOCUMENTATION

- **Attachments:** All applications for tax credits must include documentation demonstrating proof of the donation as described in the Companion Guide.
- Please check the box confirming that you have provided the required documentation.

6. TAXPAYER CERTIFICATION AND NOTARIZATION

- The taxpayer/business (donor) must sign the form in the presence of a notary.
- The form and documentation should then be returned to the approved organization.

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

- Verify all information on the form to ensure accuracy and completeness.
- Attach all required documentation - see instructions above and in the Companion Guide.
- An authorized signer for the approved organization must sign and date the form.

SUBMITTING THIS FORM:

- **Send Via FTP Portal** (Recommended):
 - 1) The FTP portal is a file system that allows users to send large documents that are too big to go through email.
 - 2) To upload a file, please follow the instructions on the NAP webpage or YOP webpage under the "How Do I Apply" tab.
 - 3) **Note:** A notification email confirming receipt will be sent to the authorized signer within 3 business days.
- **Send Via Email** (alternative option for smaller file size submissions)
- **Note:** Program documents can be accepted as either digital OR original documents. If you choose to mail an original document, please do not upload a duplicate. Likewise, please do not mail an original copy if you have uploaded the same file through the webpage. Any original documents should be mailed to the address listed below.
 - 1) NAP/YOP/FDA
MO Department of Economic Development
PO Box 118
Jefferson City, MO 65102

Guide to Filling Out the Tax Credit Application Form (Missouri Form CDTC-770)

Tax credit application

The donor fills out **parts one, two, three, four, and five** in the application for tax credits. The donor will have the form notarized in **part six**.

The participating organization will verify the information and then fill out **part seven**.

The participating organization will submit the tax credit application to DED.

Missouri Department of Economic Development APPLICATION FOR CLAIMING TAX CREDITS Missouri Form CDTC-770

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) no later than 1-year after the donation date.

- 1. QUALIFYING PROGRAM**
☐ Youth Opportunities (YOP) ☐ Neighborhood Assistance (NAP) ☐ Small Business Incubator Tax Credit (SBI) ☐ Family Development Account (FDA)
- 2. TAXPAYER (DONOR) MAILING ADDRESS**
 Street Address City State Zip Code
- 3. TAXPAYER (DONOR) INFORMATION**

Individual Donor (Complete the fields below)		Business Donor (Complete the fields below)	
Donor Name	Taxpayer Social Security #	Business Name (as listed with SOS)	Business Federal ID (FEN)
Spouse Name (only for return filers only)	Spouse Social Security #	Business Contact Name	
Taxpayer Email	Taxpayer Phone	Business Contact Email	Business Contact Phone
Taxpayer Status at the time the donation was made (select only 1): <input type="checkbox"/> Individual - YOP, SBI, and FDA programs only <input type="checkbox"/> Individual - with a farm operation <input type="checkbox"/> Individual - reporting income from MO rental properties or royalties <input type="checkbox"/> Individual - reporting income from a sole proprietorship <input type="checkbox"/> Individual - reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)		Business Status at the time the donation was made (select only 1): <input type="checkbox"/> Corporation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Partnership - attach partner names, social security #'s, and percents of ownership <input type="checkbox"/> S-Corporation - attach shareholder names, social security #'s, and percents of ownership <input type="checkbox"/> Limited Liability Corp. - attach member names, social security #'s, and percents of ownership <input type="checkbox"/> Insurance company	
Taxes paid by: <input type="checkbox"/> Calendar Year (CY) <input type="checkbox"/> Fiscal Year (FY) From _____ To _____		Taxes paid by: <input type="checkbox"/> Calendar Year (CY) <input type="checkbox"/> Fiscal Year (FY) From _____ To _____	
- 4. TYPE OF CONTRIBUTION AND VALUE**
 Are any goods and/or services received? Required ☐ Yes ☐ No Contribution includes payment processing fee(s) ☐

Type of Contribution	Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)
Cash		
Stocks (valued between high/low on the date of transfer from the donor into the noncharity's brokerage account)		
In-Kind (valued as the lesser of the cost to donor or fair market value)		
Wages Paid to participating youth (YOP program only)		
Total Eligible Contribution Value (Amount Eligible for YOP/NAP/SBI/FDA Program)		
- 5. CONTRIBUTION DOCUMENTATION**
 I have attached the required documentation per the type of contribution listed in the Companion Guide.
- 6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)**
 I have examined this above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, operating as a business in Missouri, I declare that I do not knowingly employ illegal alien and have complied with federal law (8 U.S.C. 1544), which requires presentation of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, from employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax document, or aid for a period of five (5) years following such finding.
- 7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR**
 Project Organization Name Project Number
 I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.
 Authorized Signer Name (printed/typed) Authorized Signer Signature Date (MM/DD/YYYY)

Rev. 4/24

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) no later than 1-year after the donation date.

- 1. QUALIFYING PROGRAM**
☐ Youth Opportunities (YOP) ☐ Neighborhood Assistance (NAP) ☐ Small Business Incubator Tax Credit (SBI) ☐ Family Development Account (FDA)

Part One: Qualifying Program

Ensure the program box is checked in part one, whether it be YOP, NAP, SBI, or FDA.

- 2. TAXPAYER (DONOR) MAILING ADDRESS**

Street Address	City	State	Zip Code
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Part Two: Mailing Address

Ensure the taxpayer mailing address is filled out. This address will be verified with the Missouri Department of Revenue for the tax credit certificate.

3. TAXPAYER (DONOR) INFORMATION			
Individual Donors (complete the fields below)		Business Donors (complete the fields below)	
Taxpayer Name	Taxpayer Social Security #	Business Name (as listed with SOS)	Business Federal ID (FEIN)
Spouse Name (joint tax return filers only)	Spouse Social Security #	Business Contact Name	
Taxpayer Email	Taxpayer Phone	Business Contact Email	Business Contact Phone
Taxpayer status at the time the donation was made (select only 1) <input type="radio"/> Individual – YOP, SBI, and FDA programs only <input type="radio"/> Individual – with a farm operation <input type="radio"/> Individual – reporting income from MO rental properties or royalties <input type="radio"/> Individual – reporting income from a sole proprietorship <input type="radio"/> Individual – reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)		Business status at the time the donation was made (select only 1) <input type="radio"/> Corporation <input type="radio"/> Financial Institution <input type="radio"/> Partnership – attach partner names, social security #'s, and percents of ownership. <input type="radio"/> S-Corporation – attach shareholder names, social security #'s, and percents of ownership. <input type="radio"/> Limited Liability Corp. – attach members names, social security #'s, and percents of ownership. <input type="radio"/> Insurance company	
Taxes paid by: <input type="checkbox"/> Calendar Year (CY)		Taxes paid by: <input type="radio"/> Calendar Year (CY) <input type="radio"/> Fiscal Year (FY) From _____ To _____	

Part Three: Taxpayer (Donor) Information

There are two headers under part three: individual donor and business donor. Please ensure the correct box is checked coinciding with the check, debit, or credit.

Ensure the name of the taxpayer coincides with the name of the donor on the check, debit, or credit, regardless of whether it is personal or business.

Individual:

- For personal donations, ensure that the taxpayer's name (or both taxpayers' names, if applicable) is listed, and their social security number (or both social security numbers, if applicable) is listed.
 - Remember: if one name is listed, one social is required; if two names are listed, two socials are required.
- For NAP donations, ensure the donor does not check the "individual" box. In order for a personal donation to be eligible for the NAP credit, the donor must be a sole proprietor, have a farm operation, have rental property or be part of a Partnership, S-Corp. or LLC.

Business:

- Ensure the Federal Employer ID Number (FEIN) is listed.
- If the company is an S-Corp., partnership, or LLC, make sure the list of shareholders or partners is attached to include names, social security numbers, and percent of ownership. This is a common error.

4. TYPE OF CONTRIBUTION AND VALUE		
Were any goods and/or services received? Required		Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribution includes payment processing fee(s)		<input type="checkbox"/>
Type of Contribution	Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)
Cash		
Stocks (valued between high/low on the date of transfer from the donor into the nonprofit's brokerage account)		
In-Kind (valued as the lesser of the cost to donor <u>OR</u> fair market value)		
Wages Paid to participating youth (YOP program only)		
Total Eligible Contribution Value (Amt Eligible for YOP/NAP/SBI/FDA Program)	\$ 0.00	

Part Four: Type of Contribution

Goods and/or services:

- Ensure that the box is either checked "yes" or "no." *This is a common error.*
- For contributions received, the donor must acknowledge if goods or services were received or not. The fair market value of the goods or services received (if applicable), must be deducted from the eligible tax-deductible contribution.
- Goods and Services Examples:
 - A business sponsoring an event and receiving advertising in the form of having their logo put on marketing materials, invitations, and/or social media promotions.
 - An individual purchasing an event ticket that may include seats at a table with a meal.
 - Raffle tickets or auction items at an event.
 - Any good or service received with a donation.
- Please consult your tax accountant and/or review the [IRS charitable contribution deductions](#).

Eligible Contribution Value

Please note that the total contribution can be a single transaction, while the amount eligible for tax credits is the tax-deductible amount and/or the amount available/assigned by the participating organization.

Date of Contribution

This is the date the donor wrote the check, transferred the stock, ran the credit transaction, etc. It's the date the donor intended the contribution, not the date of deposit. *This is a common error – please double-check dates.*

Cash

Ensure the eligible contribution value matches the value of the check, debit, or credit. Ensure that the amount eligible for the program is the tax-deductible amount for the tax credit. *This is a common error. Please double check, as the amounts must match unless there were goods and/or services received in return for the donation.*

Stock

Ensure that the total contribution falls within the high and low on the day the donor transfers the stock to the organization. Ensure that the amount eligible for program is the tax-deductible amount for the tax credit.

5. CONTRIBUTION DOCUMENTATION

☐ I have attached the required documentation per the type of contribution listed in the [Companion Guide](#).

Part Five: Contribution Documentation (NEW)

Ensure the donor confirms they have provided the required documentation for their eligible contribution for tax credits.

6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)

I have examined the above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal laws (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax abatement, or loan for a period of five (5) years following such finding.

Taxpayer Signature

Notary public rubber stamp seal	State		County (or City of St. Louis)
	Subscribed and sworn before me, this		
	Day	Month	Year
	Notary public name	Notary public signature	My commission expires (MM/DD/YYYY)

Part Six: Taxpayer Certification and Notarization (to be signed in a notary's presence)

Ensure the donor signs, along with the notary, and the stamp is affixed before submission.

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

Approved Organization Name

Project Number

I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.

Authorized Signer Name (printed/typed)

Authorized Signer Signature

Date (MM/DD/YYYY)

Part Seven: Contribution Verification by Project Director

Ensure part seven is completely filled out with the name of the organization, the project number, and the printed name of the project director or authorized signee and that it is signed and dated. *This is a common error, so please make sure your organization completes part seven in its entirety.*

Documentation Requirements for Contributions

The following types of contributions are eligible for tax credits when donated by qualifying Missouri businesses and individuals. All applications for tax credit must include the documentation described below.

Check Donations

- **Front copy of the cancelled check**

Ensure you keep a copy of the front of the check before deposit in case the canceled check is difficult to read. Attach this copy as well, if necessary.

- **Letter on bank letterhead**

Letter from the donor's financial institution with the following information:

- Donor name
- Check number
- Check amount
- Post date

**If a donor would rather send their bank statement or microfiche front of the check with the required information, they may still do so. However, that is not required if the letter is included.*

Credit Card Donations

- **Statement**

Donor may submit the first page of the statement and the page the charge is on as long the as donor name, the last four digits of the account number, and statement date are included on the first page.

IRA Donations

- **Front copy of the cancelled check**

Ensure you keep a copy of the front of the check before deposit in case the canceled check is difficult to read. Attach this copy as well, if necessary.

- **Donor brokerage statement OR donor brokerage letter on letterhead** with the following information:

- IRA check number
- Check amount
- Post date

Wire Transfers

- **Organization's financial/banking statement** with the following information:

- Post date of wire transfer
- Amount of transfer

- **Donor financial/banking statement OR letter on letterhead** with the following information:

- Donor name
- Amount of transfer
- Post date
- Name of recipient organization

Stock Donations

- **Donor broker letter/brokerage account portfolio** showing the following information:
 - Donor name
 - Name of recipient organization
 - Name of security(s) transferred from donor to organization
 - Number of shares and date of transfer
- **Organization proof donated stock was sold.** Brokerage statement to include the following:
 - Sale of stock,
 - Name of security(s) sold,
 - Number of shares and date sold,
 - Amount,
 - OR organization can provide trade confirmation AND a copy of the front of the brokerage check or proof of payment from the stock sale.

**Documentation must show donor ownership of stock, transfer of stock to the organization, and sale of the stock by the organization.*

Employee Payroll Deductions

- [Individual payroll deduction statement](#), completed and signed by both the employee and the employer. This document authorizes the NAP organization to deduct money from the employee's paycheck and indicates the time frame for which the deduction is to take place, the amount of the deduction for each pay period, the number of pay periods, and the total to be deducted. Include the employee's last payroll stub to show all deductions for that time frame.

In-Kind Donations

Must be an approved expense in the approved project's budget.

Rent donations

Valued at comparable market value of the rental OR the actual rental value, whichever is less.

- Provide an invoice from the lessor to the lessee AND a letter from an independent appraiser stating the value of comparable rents for the area.

Equipment and supplies

- A copy of the invoice showing the cost to the donor or current fair market value, whichever is less. Sales tax and profit margin cannot be included in the value. Used equipment invoices must be submitted with an appraisal of the fair market value of donated item(s).

Professional Services

- A copy of the invoice or other documentation showing the cost of services to the donor or fair market value, whichever is less. Include the type of services being donated, number of hours, and rate.

Required Documentation Examples

Your Financial Institution, LLC


210 E. 451 STREET
PO Box 201152
New York, New York 10111
Telephone: 646-123-4558 Fax: 646-578-4559

January 15, 2001


To Whom It May Concern:

This is to confirm that Your Financial Institution debited the account of Pepper Potts-Stark in the amount of \$20,000 by check made payable to The Tony Stark Foundation, Check number 0301 dated December 20, 2001. Please find attached a copy of the check.


Sincerely,




Sarah Anne Smith
Teller
Phone 646-123-4558 Ext. 4702



MEMBER
FDIC



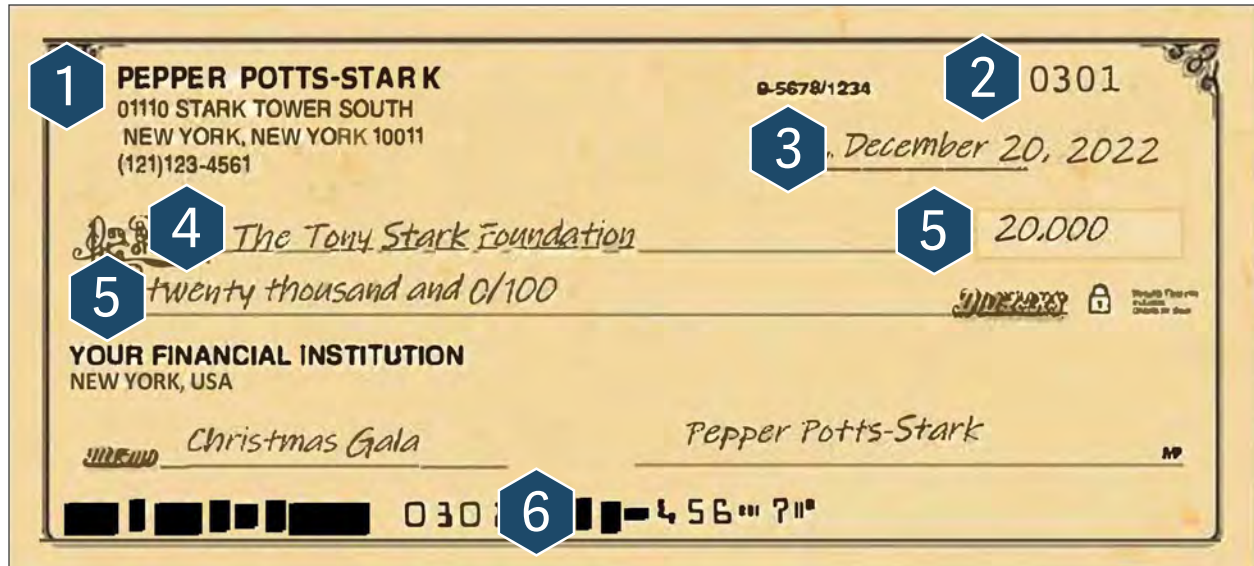
"WHERE YOU SAVE DOES MAKE A DIFFERENCE!"



FEDERAL HOME LOAN
MEMBER
SYSTEM

Letter from financial institution documentation

- Header
 - Financial institution name
 - Financial institution contact information
- Body of Letter
 - Donor name
 - Contribution amount
- Salutation
 - Payee
 - Check number
 - Post date
 - Financial institution employee signature
 - Financial institution employee name
 - Financial institution employee contact information



Check image documentation

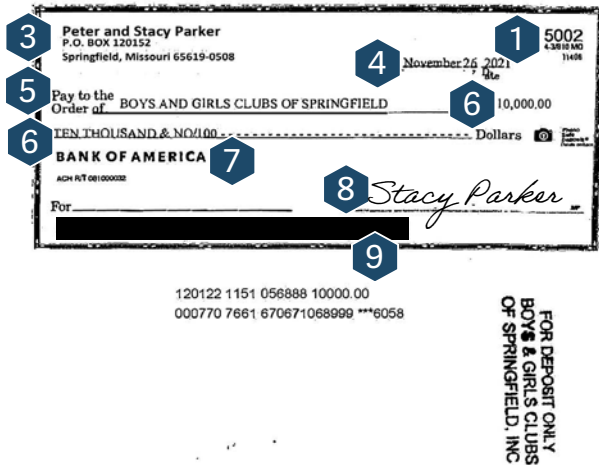
1. Account holder name
2. Check number
3. Date of the contribution
4. Payee
5. Contribution amount
6. Last four digits of the account number



Online Banking

HOUSE: Account Activity Transaction Details


1 Check number: 00000005002
2 Post date: 12/1/2022
6 Amount: -10,000.00
Type: Check
Description: Check
Merchant name: Check
Merchant information:
Transaction category: Cash, Checks & Misc: Checks



Bank statement documentation

- | | |
|-------------------------|---|
| 1. Check number | 5. Payee |
| 2. Post date | 6. Contribution amount |
| 3. Account holder name | 7. Financial institution's name |
| 4. Date of contribution | 8. Endorsement |
| | 9. Last four digits of the account number |

1


Commerce Bank
Member FDIC

359

2

Adam L. West
Charitable Donation Account
PO Box 0012
Lees Summit MO 64063-0734

Bank Statement

If you have questions about your statement, please call us at 800-453-BANK.

FOR YOUR INFORMATION

A savings account that pays you to save for your goals? That's myRewards Savings. Open up to 5 accounts to save for a home, car, travel or the holidays. You could earn bonus rewards with regular deposits!

Looking to purchase your forever home? We'll make your home buying process easier. Visit commercebank.com/mortgage to check rates or apply. Equal Housing Lender.

Primary Account Number: 4 [REDACTED]

Statement Date: October 8, 2021

Page Number: 1 of 2

OPTIONS PMMA ACCOUNT Account # 4 [REDACTED]

Account Summary Account # [REDACTED]

Beginning Balance on September 8, 2021	
Deposits & Other Credits	
Checks Paid	
Ending Balance on October 8, 2021	3 [REDACTED]

To calculate a daily running balance during this statement period, use the beginning balance as it is listed on the statement. Next, subtract checks and other debits as of the date they are listed as paid. For ATM and Debit Card withdrawals, use the transaction date. This is when these transactions were authorized. Deposits and other credits should be listed as of the date they were credited.

Daily Balance Summary Account # 4 [REDACTED]

Date	Balance	Date	Balance
09-17	[REDACTED]	09-21	[REDACTED]
09-20	[REDACTED]	10-01	[REDACTED]

Interest Summary Account # 4 [REDACTED]

Interest Paid This Statement Period	
2021 Interest Paid Year-to-date	
Average Collected Balance	
Interest Accrued	
Annual Percentage Yield Earned	
Statement Days	30

Bank statement documentation (page 1)

1. Financial institution's name
2. Account holder name
3. Statement date
4. Last four digits of the account number.

Page Number: _____ 2 of 2

Deposits & Other Credits		Account # [REDACTED] 1
-------------------------------------	--	-------------------------------

065210010 Description	Date Credited	Amount
[REDACTED]	09-20	[REDACTED]
[REDACTED]	10-01	[REDACTED]
[REDACTED]	10-08	[REDACTED]
Total Deposits & Other Credits		\$ [REDACTED]

Checks Paid		Account # [REDACTED] 1
--------------------	--	-------------------------------

Date Paid	Check Number	Amount	Reference Number	Date Paid	Check Number	Amount	Reference Number
3	2	4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* - Indicates a skip in sequential check numbers.

Total Checks Paid	[REDACTED]
--------------------------	------------

	Total for this period	Total year to-date
Total Overdraft Fees.....	[REDACTED]	[REDACTED]
Total Returned Items Fees.....	[REDACTED]	[REDACTED]

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Contact us at 1000 Walnut Kansas City MO 64106-3686 or call us at 800-453-BANK. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, please contact us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The information above applies to checking, savings, or other consumer accounts established for personal, family, or household purposes.

If your checking or money market account has no activity for 12 consecutive months it will be considered dormant and assessed a \$8 monthly fee. Regular savings accounts with no activity for 18 consecutive months will be considered dormant and assessed a \$5 monthly fee.

NOT TRANSFERABLE AS DEFINED IN 12 CFR PART 204

Bank statement documentation (page 2)

1. Last four digits of the account number
2. Check number
3. Date the check cleared the donor's account
4. Contribution amount

1. IRA institution
2. Banking institution
3. Check number
4. Contribution amount
5. Payee
6. Endorsement

1. IRA Institution
2. Donor name (from)
 - a. Last four digits of account number
 - b. Donor name
3. Entity name (to)
4. Transaction information
 - a. Post date
 - b. Withdrawal amount

1 BANK OF AMERICA, N.A.
PO BOX 15284
WILMINGTON DE 19850

Account Number [REDACTED] 2
01 01 149 05 M0000 E# 0
Last Statement: 10/31/2023
This Statement: 11/30/2023 3
DNP

4 ENGAGE MANAGEMENT COMPANY LLC

Customer Service
1-888-400-9009

Page 15 of 33

H

CONTROLLED DISBURSEMENT-NORTHBROOK


Withdrawals and Debits

Other Debits - Continued

Date Posted	Customer Reference	Amount	Description	Bank Reference
11/09			[REDACTED]	
11/09	5		EN ADD ON WIRE TYPE-WIRE TRF DATE-231109 TIME-1232 ET TRN [REDACTED] SERVICE REF: [REDACTED] BNF: RONALD MCDONALD HOUSE CHAR ID: 70022550 BNF BK: CASS COMMERCIAL BANK ID: 081000605 PMT DET 23B99542	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09	6		[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	
11/09			[REDACTED]	

Wire transfer documentation — donor

1. Financial Institution name
2. Last four digits of account number
3. Statement date
4. Payee name
5. Wire transaction
 - a. Amount
 - b. Wire transfer out
 - c. Payee
 - d. Bank Reference number
6. Date of each transaction

1  **Cass Commercial Bank**
12412 Powerscourt Drive
Suite 175
St. Louis, MO 63131

000338

Direct Inquiries To:
Customer Service Dept.
12412 Powerscourt Drive
Suite 175
St. Louis, MO 63131
(314) 506-5500

Page: 1
Branch: 015 **4**
Account Number: **2**
Statement Date: 11/30/23
Checks/Items Enclosed: 2

3 122208-01A**000338
RONALD MCDONALD HOUSE
CHARITIES OF ST. LOUIS INC
4381 W PINE BLVD
SAINT LOUIS MO 63108-2205

BUSINESS MONEY MARKET **RONALD MCDONALD HOUSE** **Acc't** **4**
CHARITIES OF ST. LOUIS INC

Beginning Balance 11/01/23
Deposits / Misc Credits 12
Withdrawals / Misc Debits 10
** Ending Balance 11/30/23
Service Charge
Interest Paid Thru 11/30/23
Interest Paid Year To Date
Annual Percentage Yield Earned
Number of Days for A.P.Y.E.
Average Balance for A.P.Y.E.
Enclosures

DEPOSITS AND OTHER CREDITS

Date	Deposits	Withdrawals	Activity Description
11/02			
11/08			
11/08			
11/09	50,000.00		ORIG:CENTENE MANAGEMENT COMPANY LLC TRN:P202311090055915
11/10			
11/13			
11/13			
11/16			
11/21			
11/27			
11/29			
11/30			


OTHER DEBITS AND WITHDRAWALS

Date	Deposits	Withdrawals	Activity Description
11/07			
11/07			
11/09			
11/13			
11/28			

6

Wire transfer documentation — organization

- | | |
|---------------------------------------|------------------------------|
| 1. Financial institution name | 5. Wire transaction |
| 2. Statement date | a. Date received |
| 3. Payee name | b. Wire transfer in |
| 4. Last four digits of account number | c. Amount |
| | 6. Dates of each transaction |

1  DISCOVER IT® CARD ENDING IN 0101 2
CARDMEMBER SINCE 2015

1 DISCOVER

3

Account Summary 11/26/2020 - 12/25/2020

Previous Balance	
Payments and Credits	
Purchases	
Balance Transfers	
Cash Advances	
Fees Charged	
Interest Charged	
New Balance:	

See Interest Charge Calculation section following the Fees and Interest Charged section for detailed APR information

Credit Line

Credit Line Available

Cash Advance Credit Line

Cash Advance Credit Line Available

Payment Information

New Balance	Minimum Payment	Payment Due Date

Share your card, earn more rewards
Add an Authorized User and get rewards on every purchase made by you and your Authorized User.
Discover.com/AuthorizedUser | 1-800-347-7455 to get started

Payment Coupon
Detach at perforation above and return with check payable to Discover. Do not fold, clip, staple or send cash.

4 SIR ALFRED PENNYWORTH
1608 IVY LANE
COLUMBIA MO 65202-4883

Notice: See reverse side for important information

ACCOUNT NUMBER ENDING IN 0101 2

New Balance

Minimum Payment Due

Payment Due Date

Amount Enclosed \$

For a faster, easier way to pay... Discover.com 1-800-347-2683
See reverse for payment cut off times.

PO BOX 6103
CAROL STREAM IL 60197-6103

New address, email or phone? Please update on reverse.

000001986833895380731146066900000000029300

Credit card documentation (part 1)

1. Financial entity
2. Last four digits of the account number
3. Statement date
4. Donor name

DISCOVER IT® CARD ENDING IN 0101
Sir Alfred Pennyworth

1 3 2

Transactions continued

TRANS. DATE	PURCHASES	MERCHANT CATEGORY	AMOUNT
12/10			
12/10			
12/10			
12/10			
12/11			
12/11			
12/12			
12/13			
12/13			
12/13			
12/13	THE ADAM WEST FOUNDATION	Services	\$10,000.00
12/13			
12/14			
12/14			
12/15			
12/15			
12/15			
12/16			
12/17			
12/17			
12/17			
12/17			
12/18			
12/18			
12/18			
12/19			
12/19			
12/20			
12/20			
12/20			
12/21			
12/21			
12/21			
12/22			
12/22			
12/22			
12/23			
12/25			

4 5

Fees and Interest Charged

TOTAL FEES FOR THIS PERIOD \$0.00

Continued on next page

Credit card documentation (part 2)

1. Financial institution name

2. Last four digits of the account number

3. Donor's name
4. Dates of each transaction

5. Contribution

No. 1234567890

THE FACE OF THIS DOCUMENT CONTAINS MICROPRINTING • THE BACKGROUND COLOR CHANGES GRADUALLY AND EVENTUALLY FROM DARKER TO LIGHTER WITH THE DARKER AREA AT THE TOP

HOGWARTS INTERNATIONAL BANK

CASHIER'S CHECK

Banking Center 00012345 7363 089464089

Date 02/15/2016

Remitter (Purchased By)
Lizzie Bourdan

Check Code
123123

*** TEN THOUSAND DOLLARS AND 00 CENTS

10,000.00

TO THE ORDER OF
HARRY POTTER
145 DEATHLY AVENUE
HARRISBERG, MO 65256

VOID AFTER 90 DAYS

Hogwarts International Bank, N.A. I:00000000:1 289 "" 327812 "" 1234562020

Lizzie Bourdan
AUTHORIZED SIGNATURE

Cashier's check/money order documentation

1. Date of contribution
2. Remitter name (donor)
3. Contribution amount
4. Payee

US Wealth Management
U.S. Bancorp Investments

Rick Ross, CFP®
U.S. Bancorp Investments
Wealth Management Advisor, VP
Creve Coeur
11000 Olive Blvd
SL-MO-1121
Creve Coeur, MO 63141
314.111.1111 direct
314.111.0112 fax

To: The Dorian Grey Foundation
From: Rick Ross, US Bancorp Investments
Date: January 31, 2023
Re: Quatermain trust stock gift

Please be advised that on 11/2/2022 a charitable gift was made on 70 shares of Net Flix (NFLX) common stock to The Dorian Grey Foundation. The donation came from the trust account owned by Alan E. Quatermain. The historical high, low, and average for the stock are as follows: 287.33 (High), 272.84 (low), 280.085 (average).

Regards –

Rick Ross, CFP®
Wealth Management Advisor
U.S. Bancorp Investments

U.S. Wealth Management – U.S. Bancorp Investments is a marketing logo for U.S. Bancorp Investments, Inc.
Investment and Insurance products and services including annuities are:
NOT A DEPOSIT • NOT FDIC INSURED • MAY LOSE VALUE • NOT BANK GUARANTEED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
Investment products and services are available through U.S. Bancorp Investments, the marketing name for U.S. Bancorp Investments, Inc., member FINRA and SIPC, an investment advisor and a brokerage subsidiary of U.S. Bancorp and affiliates of U.S. Bank.
Insurance products are available through various affiliated non bank Insurance agencies, which are U.S. Bancorp subsidiaries and affiliates of U.S. Bank. Products may not be available in all states. CA Insurance License# 0E24841.

Example 1

Stock donation

Documentation: donor letter

- Header
 - Broker letterhead
- Body of Letter
 - Donor name
 - Recipient organization
- Salutation
 - Number of shares
 - Type of stock
 - Date of transfer (this is the donation date)
 - Broker signature
 - Broker name and title



1 Morgan Stanley

CLIENT STATEMENT | For the Period November 1-30, 2022 2

Page 16 of 34

Account Detail

Portfolio Management Active Assets Account THE DORIAN GREY FOUNDATION C/O RODNEY SKINNER 3

CASH FLOW ACTIVITY BY DATE (CONTINUED)

4

Activity Date	Settlement Date	Activity Type	Description	Comments	Quantity	Price	Credit/(Debit)
11/13	11/17	Sold	NETFLIX INC	ACTED AS AGENT	70.000	271.6200	19,012.98
11/13	11/17						
11/13	11/17						
11/17							
11/17							
11/21	11/21						
11/30							
11/30							
11/30							
11/30							
11/30							
11/30							
11/30							
NET CREDITS/(DEBITS)							

Purchase and Sale transactions above may have received an average price execution. Details regarding the actual prices are available upon request.

MONEY MARKET FUND (MMF) AND BANK DEPOSIT PROGRAM ACTIVITY

Activity Date	Activity Type	Description	Credit/(Debit)
11/1			
11/8			
11/21			
11/22			
11/30			
11/30			
11/30			
NET ACTIVITY FOR PERIOD			

TRANSFERS, CORPORATE ACTIONS AND ADDITIONAL ACTIVITY

SECURITY TRANSFERS

Activity Date	Activity Type	Security (Symbol)	Comments	Quantity	Accrued Interest	Amount
11/17	Transfer into Account	NETFLIX INC	CONFIRMATION # FROM	70.000		\$18,102.00
11/17						
11/17						

Stock sale documentation from NFPO

Trade confirmation or statement proving the sale of the securities

1. Broker name
2. Statement period
3. NFPO Name
4. Stock Sold Transaction
 - a. Date
 - b. Transaction type
 - c. Type of stock
 - d. Number of shares
 - e. Price per share
 - f. Net value

Morgan Stanley 1

GREEN WAT BANK
ANYWHERE, U.S.A.
12-345321

CHECK NO. 1001 2

CHECK DATE 11/15/2022 3

VENDOR NO. 65-417417 2

1001

CHECK AMOUNT \$19,012.96 5

PAY TO THE ORDER OF The Dorian Grey Foundation 4
1815 Gentleman Road
St. Charles MO 63301

NON-NEGOTIABLE

⑈001001⑈ ⑆123456789⑆ 9012=234567⑈

Stock donation — NFPO Liquidation Documentation

1. Name of organization's broker
2. Check number
3. Check date
4. Payee
5. Stock proceeds/net sale

1

 Martha Kent

2

 JANUARY 1, 2020 - JANUARY 31, 2020
ACCOUNT NUMBER: 000000-123

Page 10 of 14

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
01/31							
01/31							
01/31							

Non cash activity detail

This section displays security transfer activity for the current period. The price and value are as of the date of the transfer.

Transfers out

3

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	VALUE
01/29	Cash	ASSET TRF	-1720.00000	INVESTCO SSTEELPATHMLP SELECT 40 FD CY L UNSOLICITED TO: SMITH MOORE 0005 THE DAILY PLANET CHARITABLE FOUNDATION	1.0000	-1720.00
Total Transfers out:						-\$1,720.00

Cash sweep activity

Our Cash Sweep program allows you to earn a return on the idle cash balances in your account by automatically investing such balances into one of our cash sweep options. These 'sweep transactions' may represent a net amount for the day and occur on settlement date. The following section displays transfers into and out of your sweep option. Transactions displayed here are Transfer To, Transfer From and Reinvested Dividends and Interest. These transaction amounts are not included in your cash flow summary.

DATE	TRANSACTION	DESCRIPTION	AMOUNT	DATE	TRANSACTION	DESCRIPTION	AMOUNT
01/01							
01/03							

2020 WT WAD

Example 2

Stock donation documentation — Donor statement documentation

1. Donor name
2. Statement date
3. Stock transfer transaction
 - a. Date of transfer
 - b. Transaction type
 - c. Quantity
 - d. Type of stock
 - e. Recipient Organization

Historical Quotes

This Historical Quotes tool allows you to look up a security's exact closing price. Simply type in the symbol and a historical date to view a quote and mini chart for that security.

Enter Symbol: Enter Date:

Invesco SteelPath MLP Select 40 Fund;Y

Wed, Jan 29, 2020

Closing Price:	6.5778
Open:	6.5778
High:	6.5778
Low:	6.5778
Volume:	n/a

MLPTX: Daily

No Splits

1 SMITH MOORE
7777 Bonhomme Avenue Suite 2400 Clayton MO 63105

3 THE DAILY PLANET CHARITABLE FOUNDATION
ATTN PERRY WHITE
1 LUTHOR AVENUE
ST LOUIS MO 63143-3800

ORIGINAL

2 CONFIRMATION NOTICE

TRANSACTION DATE 01/29/2020	ACCOUNT NUMBER 123-00000
SETTLEMENT DATE 01/30/2020	ACCOUNT TYPE CASH
PROCESSING DATE 01/19/2020	TRANSACTION TYPE 01

4

WE CONFIRM THE FOLLOWING TRANSACTION(S):

DESCRIPTION	SYMBOL MLPTX	CUSIP 001ABDDE5F	YOU SOLD
INVESTCO STEELPATH MLP SELECT 40 FD CL Y UNSOLICITED			

5

QUANTITY	PRICE	PRINCIPAL/ GROSS AMOUNT	ACCRUED INTEREST	COMMISSION	MARK UP/DOWN PER SHARE	OTHER FEES/ SERVICE CHARGE	SALES CHARGE RATE
1720	1.00	1720.00	0.00	0.00		2.50	
1720		1720.00	0.00	0.00		2.50	

SUMMARY:
MISC FEE 2.50

THANK YOU - IMPORTANT TAX INFORMATION
PLEASE RETAIN FOR YOUR RECORDS.
PLEASE MAKE CHECKS PAYABLE TO:
RBC CLEARING & CUSTODY

SERVICE CHARGE IS ADDITIONAL REVENUE
TO SMITH MOORE AND MAY VARY BY
REPRESENTATIVE AND/OR BRANCH.

6

NET AMOUNT
1717.50

YOUR FINANCIAL PROFESSIONAL:
LOIS LUTHOR
ABC00015
000-000-0000
000-000-0000

Stock sale documentation from NFPO — trade confirmation or statement proving the sale of the securities

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Broker name 2. Confirmation notice <ol style="list-style-type: none"> a. Transaction/trade date b. Settlement date 3. Organization name 4. Stock ticker symbol | <ol style="list-style-type: none"> 5. Stock transaction information <ol style="list-style-type: none"> a. Name of stock b. Quantity c. Price per share d. Gross amount 6. Net amount |
|---|---|

VENDOR NO.	PURPOSE	CHECK NUMBER	DATE	DOLLAR AMOUNT
888-888888	INVESCO STEEL PATH MLP	1001	11/30/2020	\$1,717.50

1 SMITH MOORE
7777 Bonhomme Avenue Suite 222
Clayton, MO 63105

2 1001

3 11/30/2020

4 THE DAILY PLANET CHARITABLE FOUNDATION
1 LUTHOR DRIVE
ST LOUIS MO 63143-3800

5 \$1,717.50

NON-NEGOTIABLE

⑈001001⑈ ⑆123456789⑆ 9012⑈234567⑈

Stock sale documentation from NFPO — Front of brokerage check or proof of deposit

1. Name of NFPO broker
2. Check number
3. Check date
4. Payee (NFPO)
5. Stock proceeds/net sale amount



DEPARTMENT OF ECONOMIC DEVELOPMENT
INDIVIDUAL PAYROLL DEDUCTION STATEMENT

PROJECT NUMBER	PROJECT NAME	
NAME OF EMPLOYEE		SOCIAL SECURITY NUMBER
TIME FRAME INCLUDED IN REPORT		NUMBER OF PAY PERIODS FOR DEDUCTION
TO		
AMOUNT (CONTRIBUTION) DEDUCTED PER PAY PERIOD		TOTAL (CONTRIBUTION) DEDUCTED
EMPLOYEE'S SIGNATURE		
PROJECT DIRECTOR'S SIGNATURE		DATE COMPLETED

MO 419-2863 (10-07)

Employee payroll deductions

1. The individual payroll deduction statement
2. Employee pay stub to include
 - a. Employee name
 - b. Current and year to date amount deducted
 - c. Name of nonprofit for the deduction

Ineligible Donations

The following donations are ineligible for FDA, NAP, YOP, and SBI tax credit incentive programs. To qualify for tax credits, donations must be given directly to the approved organization during the authorized project period, and donations must be applied to the project. The value of the donation cannot include sales tax or profit margin.

Donor Advised Funds (DAF)

Donor Advised Funds (DAF) are not eligible for tax incentives, as the donor already receives their tax benefits at the time of creating or donating to the DAF.

- When a donor transfers funds to a DAF, they receive the federal deduction in the tax year of the transfer.
- This can be different from the tax year in which a donor contributes to an approved organization.
- As the donor is no longer the owner of the funds, a third party is created when donating.

Private company stock donations

The stock is not traded publicly, and we cannot verify the value of the stock.

Membership fees paid to organizations

The Department of Economic Development prefers to direct donations to activities that will have a *direct impact* on the project participants.

Third-party, tax exempt public charity donations

Third-party, tax-exempt public charity donations are not eligible for incentives.

- The donor receives the tax benefit from the public charity at the time of donation.
- Once the funds are received, the public charity then directs the donation to the organization of choice.